

ABSTRACTS AND EXTRACTS.

THE LESIONS OF CHRONIC INSANITY.—In a communication at the recent meeting of the Association for the Advancement of Science (reported in the *Le Progrès Médical*), M. Luys stated that in cases of chronic insanity, accompanied with delusions and hallucinations, there was often found at the autopsy hypertrophies of certain cerebral convolutions, the intense mental excitement produced by the delusions causing this increase of the portion of the brain thus morbidly functioning. He says that in cases of delirium he found hypertrophy of the paracentral lobule, which showed a crest or gibbosity, decidedly different from its normal appearance. M. Pierret combatted this view, and claimed that hypertrophy of this lobule did not especially indicate any cerebral super-activity. To demonstrate the latter it would be necessary to investigate the nerve cells themselves. He thought that the best way to study the pathology of hallucinations would be to utilize the opportunities afforded by the lower animals in diseases like rabies, which is characterized, as is well known, by hallucinations and emotional and impulsive mental aberration. In reply M. Luys admitted that it would be necessary to study the nerve cells themselves, but the fact did not alter the observations which he had made, and that he had found this hypertrophy of the paracentral lobule in eight cases of delirious insanity. H. M. B.

EPILEPSY OF OLD AGE.—Dr. Crocq, of Brussels, called attention at the meeting of the French Association for the Advancement of Science, August 12th, (reported in *le Progrès Médical*), to a certain form of epilepsy occurring in the aged. It is never immediately fatal, but in two cases where he had been able to make an autopsy he had found a very clearly marked lesion which alone was sufficient to produce the convulsive disorder. The basilar trunk and its branches were in a condition of very marked chronic endarteritis with considerable thickening of the tunics and diminution of its calibre. This condition produces an irregularity in the distribution of the blood to the middle brain. It is not remarkable, therefore, that this should be followed by an epileptic attack. Senility is the principal cause of this condition, but heart disease, the relations of which with endarteritis are well known, and excesses in alcoholic drink may also play a part in its production. H. M. B.

THE OPIUM TREATMENT IN PSYCHOSES.—The following is the summary of the results of a clinical study by Dr. Theodore Ziehen, of the therapeutic effects of opium in various forms of insanity, carried on in the Jena Insane Asylum, and reported by him in the *Therap. Monats-Hefte* III, pp. 68 and 115, 1889, (Abstr. by Mobius in *Schmidts Jahrb.*):

I.—*Melancholia*. Out of forty-three patients treated, eight remained uncured, and four passed out of sight. The percentage, therefore, of cures was seventy-nine, as against the usual per cent of sixty of melancholics cured at this asylum. The treatment, therefore, appears to be of value. Of the

eight unbenefited cases, six had their hallucinations strengthened and developed. Long continuance of melancholia does not contra-indicate the treatment, and it was especially effective in senile cases. It should, as much as possible, be given before the excited period. The author usually gave pure opium by the mouth, in quantities of from .025 to .4 daily, given in three doses. The quantity was gradually increased from .05 to .01 daily, till 1. was reached as the daily dose or the distress relieved. Generally about .5 was sufficient.

The collateral symptoms were slight. Constipation was relieved by vegetable laxatives, and diarrhoea was treated with tinct. coto. As an adjuvant to the opium in cases of *melancholia passiva* and *melancholia cum stupore*, he gave camphor in doses of from .05 to .1 several times a day, with very good results. The opium treatment ought not to be broken off too early; he has had good results after from seven to nine months. He therefore advises that it be kept up, if needful, for as much as one year.

II.—*Mania*. In four cases of typical mania the continued use of opium was ineffective as regards improvement. The author, therefore, advises, in preference, the use of the bromide salts and hyosine.

III.—*Paranoia*. In the form of paranoia without hallucinations—*paranoia simplex*—methodical opium treatment was useless. The hallucinatory type, as is well known, depends upon asthenic conditions: the brain becomes exhausted from alcoholic or sexual excesses, febrile disorders, loss of blood, deprivation or grief. Where such cerebral exhaustion is the most prominent etiological factor in the production of acute or sub-acute hallucinatory paranoia, opium is useful in small or moderate doses so long and in proportion as the cerebral exhaustion with irritative symptoms—hallucinations—continues. About from .2 to .6 of opium may be given daily, and the treatment carried on in general as in melancholia. Dr. Z. reports twenty-eight cases treated and twenty-four recoveries. He also considers its employment advisable in delirium tremens.

H. M. B.

HYSTERIA.—Dr. P. Marie, *Le Progrès Medical*, July 27, furnishes the results of a study of the cases seeking admission to the hospitals in Paris, with special reference to the relative frequency of hysteria in the males and females. He had the duty for three days of the week of examining the applicants, who numbered during the days of his service during the month of May last, seven hundred and sixty—five hundred and eighty-one males and one hundred and seventy-nine females. Of these applications, however, fifty-six male and seven female were repetitions of the same individual, so these figures are slightly reduced.

Dividing hysteria into two forms, which he designates as *hystérie massive*, characterized by cutaneous sensory symptoms (anæsthesia, &c.,) more or less accentuated, and *hystérie mitigée*, the usual type, characterized by convulsive phenomena, &c., he found of the former twenty-five cases amongst his five hundred and twenty-five males, but only one amongst his one hundred and seventy-two females. The relative percentages, therefore, were 4.76 to 0.58, showing apparently that this form at least is much more common among men than women. He accounts for this by the social position, his patients having been all of the lower and the working classes, and by their exposure to

traumatism, intoxications, and their irregular habits. In the upper classes of society virile hysteria is comparatively infrequent in the male sex.

Of the ordinary convulsive type of hysteria (*hystérie mitigée* of the author) there were on the other hand five cases among the one hundred and seventy-two females, and only three cases in the five hundred and twenty-five males, or one case to every thirty-five females, and only one to every one hundred and seventy-five males, thus reversing the relative frequency of the other form between the two sexes.

MM. Gilles de la Tourette and Cathelineau reported to the Soc. de Biologie, July 27, the results of a careful study of the nutrition, assimilation and excretion in hysteria, from which they come to the conclusion "that in the hysterical patient, aside from the pathological manifestations of the neurosis, other than the permanent stigmata, the nutrition is effected normally." As regards the phenomena of the attack they find that in the analysis of the urine there is always a diminution of the constituent principles, the reverse of this being the case in the epileptic attack. They hold that this is an important fact to be considered in the diagnosis of doubtful cases, and as confirmatory of the view of M. Charcot, that the two neuroses are absolutely distinct, however much they may resemble each other in some of their manifestations.

H. M. B.

THE IDENTITY OF THE FUNCTIONS OF THE TWO HEMISPHERES.—At the session of the *Société de Biologie* of Paris, May 25th, M. Dupuy reported a case tending to show the identity of the functions of the two hemispheres; a young person who had the power of moving the two eyes in different directions at the same time. In this case she saw objects only with one eye, and when she tried to observe with the other at the same time she was seized with dizziness. There appear, therefore, to be two distinct perceptive centres contrary to the opinion of Horsley. In the discussion following Dr. Brown-Séquard supported M. Dupuy, and maintained his view that the two hemispheres are identical in function, and can replace each other, the view, which, as is well known, he has held for many years.

H. M. B.

HYOSCINE.—M. Magnan, in a communication to the *Société de Biologie*, July 6th, 1889, reported his investigations on this drug. It had been already studied experimentally in 1886 by MM. Gley and Rondeau, who produced with it in a dog mydriasis and a considerable degree of paresis. Landenburg employed it in cases of general excitement, and also for cerebral excitement. He noticed disadvantages in its use in doses of five to 10 milligrammes, such as arrest of circulation, and production of the Cheyne-Stokes respiratory rhythm. Magnan, together with M. LeFort, has employed hyoscine in his practice on a very large number of maniacs and found its action truly marvellous. With a dose of one milligramme a patient was calmed in five minutes. He became unsteady in his actions, as if intoxicated, seemed to have his feet glued to the ground, and his loquacity ceased. The tone of his voice was less pronounced. In the sixth minute mydriasis appeared with paralysis of accommodation. There was no other inconvenience than a vasomotor flushing occurring in two cases, and an incipient syncope in one

tubercular female. The duration of the calming varied from five to ten hours.

In fact, says M. Magnan, among the maniacs we obtain with hyoscine an immediate and continuous quiet, which no other medicine can produce, not even chloral. Of other applications for disorders other than mania, we obtained in alcoholic delirium a continuous and prolonged sleep. In a child of thirteen years affected with incessant spasm of the face and members there was almost a complete cessation of the movements. In a hysterical case suffering from profuse perspiration of the hands and feet, an injection of half a milligramme of hyoscine in the forearm arrested the sweating in less than two minutes, and for many hours. The hyoscine he employed came from Germany, and was that prepared by Landenburg. M. LeFort stated that this German origin of the drug explained why there was no accidents with doses as large as one milligramme, since the hydrochlorate of hyoscine perfectly pure should be employed in doses of only one-tenth of a milligramme.

H. M. B.

HYPOCHONDRIA IN FEMALES.—Dr. E. Mendel *Deutsch Med. Wchnschr.* 15, 11, abstract in Schmidt's No. 7, 1889.

The author defines hypochondria as a functional brain disease, the visible symptoms of which are fear and pain and apprehension in regard to the condition of one's health. He distinguishes three kinds. First, simple hypochondria, in which the patients fear very severe illness or death, have only indefinite sensations, and see in very slight variations of health the beginning of fatal disease. Second, hypochondria with hallucinations of bodily feeling in which the patients have the sensations in very definite organs. These symptoms are, according to Mendel's view, to be considered as irritations of definite parts of the brain cortex. Third, in the severest form come, together with the above morbid phenomena, disturbances in the region of the higher sense organs, the patient sees things otherwise than the reality, as for example, in a looking-glass, and hears tones and peculiar sounds, such as voices inside of his head, etc.

Hypochondria is in females of all ages a common disease, the slighter form is rarer than in men and the severe forms are more common. The patient's complaints are especially frequent in relation to their sexual organs, as for example, fear of cancer, and in relation to the head. The females surrender to the disease earlier than men,—while men, in spite of their hypochondria, are able to go about their business, the women give themselves up to their feelings and go to bed for good. Suicide is not common. Sometimes with hypochondria there is a tendency to masturbation which disappears with it, and very often symptoms of hysteria accompany it. Out of 116 females, hypochondriacs, 2 began at the age between 7 and 10 years, 4 between the age 10 and 20, 40 between the age of 20 and 30, 42 between the ages of 30 and 40, 15 between 40 and 50, 8 between 50 and 60, and 5 between 60 and 70; 87 were married, 81 unmarried, 8 widows. A hereditary predisposition to nervous diseases was present in seventy-five per cent. Mendel found as causes very frequently mental shocks, sometimes betrothal was a cause. The hypochondria very often developed in the puerperal period, and gynæcological operations had produced it, in part through the mental effect, and in part from the

loss of blood. The outbreak of the trouble is sometimes sudden. The course is lasting, slow, with frequent relapses. A cure may occur after weeks, months and years. The disease may also pass into other mental disorders, like hypochondriacal melancholia, or paranoia, or end by death, as, for example, by suicide. A diagnosis has to be made in women between hypochondria and hysteria. The latter occurs mostly in youth, the other later. In one are stigmata and hysterical attacks, in the other not. In hysteria the pain and helplessness play a much less important part and the condition is a more variable one.

As regards the treatment of female hypochondriacs, Mendel states that you can scarcely look for any favorable influences from sexual connection, that gynæcological treatment is to be employed under pressing circumstances only, that the food should be mostly or altogether vegetable, that change of scene and mountain travel are favorable, and that treatment in an institution if there is no special reason for it, is not to be recommended. H. M. B.

CURABILITY OF GENERAL PARALYSIS.—Voisin, *Bull. de Thér.*, May 15th, 1889, (Abstract in *Schmidt's Jahr*), holds that there are cures in progressive paralysis. He has found good effects from derivative measures, blister plasters, &c., and he reports observations of others that he has collected, together with his own, that show that patients with advanced progressive paralysis may so far recover that they can go into active life for many years at a time. Two of his patients have been well since 1879 and one since 1878. H. M. B.

SUGGESTIVE THERAPY.—Binswanger, *Therap. Mon-Hefte* III, 1, 2, 3, 4, 1889, in a continued article gives special warning against the inconsiderate and incautious employment of hypnotism. He says that hypnotism under all circumstances has a disturbing effect upon the mental condition, and that subjects of experiment are always transiently hysterical, that the results in different individuals cannot be predicted, and that unfavorable results may follow. He says that in severe hysteria is the chief ground for suggestive treatment, where the hypnotic suggestion is the most effective and the least dangerous. As regards other things one should not hunt sparrows with cannon balls. When other methods are available for cure hypnotism is not needed, and in hysteria minor it should be kept in mind that the possibility of a transition into hysteria major cannot be excluded in the use of hypnotism.

In reply to a question from the editor of the *Deutsche Med. Wchnschr.*, Prof. Charcot states that in hysteria major in females suggestion often has relieved some symptoms, and often failed. In the hysteria of males it is as a rule useless, and not infrequently injurious. In organic nervous diseases here and there suggestion may produce an improvement, but this would be a pure accident. H. M. B.

ARTHRITIS AS A CAUSE OF GENERAL PARALYSIS.—Dr. G. Lemoine, of Lille, *Gaz. Méd. de Paris*, No. 33, Aug. 17, 1889, calls attention to arthritic affections as a cause of general paralysis. He quotes Charcot as authority for the view that these troubles are strongly predisposing to nervous disorders,

and some as to the congestive tendencies accompanying them. Led by these suggestions he had examined the general paralytics in the asylum at Bailleul, some thirty in number, and found that in ten of them only rheumatism could be credited as the cause. He thinks that it would be easy to multiply observations of this relation of rheumatism and general paralysis, the arthritic tendency to cerebral congestion, in arterial changes, &c., producing in time the advanced peri-encephalitis of the terminal disease. He believes that arthritis plays indeed the principal part in the production of general paralysis, and that this disease must be included in the list of affections ascribed by Charcot to the arthritic diathesis.

The author's views seem to us to be largely inspired by his preconceived theories, and we doubt whether they will meet with general acceptance.

H. M. B.

VERTEBRAL PAIN [WIRBELWEH,]; A NEW FORM OF GASTRALGIA.—Buch, of Willmanstrand, Finland, [*Centralblatt für Nervenheilkunde*, June 1, 1889,] in a preliminary note on this subject, states that he has recently discovered that, in the great majority of cases of so-called cardialgia or gastralgia, pain, similar to that of the attacks, can be elicited by pressure on the vertebral column, through the abdominal parietes, while abdominal pressure elsewhere is painless. The sensitiveness to pressure sometimes extends the whole length of the accessible portion of the vertebrae, in which case some portions are usually more tender than others, or it may be confined to certain spots, which are not always in the immediate neighborhood of the apparent seat of the pain. Thus he found that pain in the epigastrium and lower sternal region was most frequently produced by pressure about an inch below the umbilicus. It is often associated with dyspeptic symptoms, and sometimes with painful pulsation of the abdominal aorta. He considers the affection to be generally due to neurasthenia, sometimes to chlorosis and uterine inflammations. Anatomically, he believes the seat of the pain to be in the hypogastric and aortic plexuses of the sympathetic with their connecting branches. As a palliative for the attacks he has found most benefit from hypodermic administration of antipyrin. The cure, of course, must depend on treatment of the fundamental affection.

W. L. W.

PATHOLOGY OF THE TRAUMATIC NEUROSES.—Meynert, of Vienna, read a paper at the meeting of the Royal Medical Society in that city, in which he combated the view of Charcot that the disturbances following railway accidents and similar shocks are analogous to the phenomena of hysteria and hypnotism. From the clinical fact that in cases of hemiplegia from this cause the muscles of the face and tongue are not involved, and that there is usually disturbance of general and special sensibility, he infers a lesion of the internal capsule posterior to the portion involved in ordinary cases of motor hemiplegia. This region, according to Kolisko, is supplied by the *arteria pedunculi cerebri*, which arises from the internal carotid immediately before the origin of the *arteria fissurae Sylvii*, and supplies branches to the optic nerve and the basal portion of the internal capsule. An obstruction of this artery would, in Meynert's opinion, account for the symptoms in these cases, and it is his belief that they are due to vasomotor disturbances in the region

supplied by this vessel, originating in the medulla oblongata.—*Centralblatt f. Nervenheilk.*, June 15, 1889. W. L. W.

PATHOLOGY OF GENERAL PARESIS.—At the meeting of the Naturhistorisch-medizinischer Verein at Heidelberg, November 6, 1888, Buchholtz read a paper on the above subject. He found a very abundant production of new blood vessels in the cerebral cortex. This was most easily demonstrated by preparing the specimens with osmic acid, after Exner's method. In such preparations the new vessels could be readily seen in all stages of development. The production of spider cells, which has been supposed by some to be an early stage of the formation of new vessels, he considers to be an independent process. Their connections are with the lymph-sheaths of the vessels, not with their endothelium.—*Ibid*, July 1, 1889. W. L. W.

ALTERNATING HEMIPLEGIA.—Proskauer, of Breslau, reports a case in which there was gradual development of paralysis of the left extremities, and of the right side of the face, divergent strabismus of the right eye, and anæsthesia of both corneæ. The autopsy disclosed a tumor, the size of a goose-egg, in the right temporal lobe, encroaching on the occipital lobe. No lesion of the pons.

The author discusses the question of differential diagnosis between the condition found and tumor of the pons, and concludes that the latter condition could not have been certainly excluded in this case.—*Ibid*, July 15, 1889.

W. L. W.

TREATMENT OF INSOMNIA.—Jastrowitz, in a paper on the above subject, read before the Berlin Medical Society, comes to the following conclusions in regard to the merits of the various hypnotics.

Alcohol is indicated when, in addition to its hypnotic effect, stimulation is desired in failure of the heart, or an antipyretic influence in fever. It is of value in slight cases of insomnia with tendency to anxiety, but is unavailing in severe cases, and injurious where there is a tendency to morning exacerbations of nervous excitability.

Morphine has a tonic as well as hypnotic effect, and is of the greatest value in melancholia, in senile insomnia and in sleeplessness due to intestinal disturbance.

Chloral he considers contraindicated in hysteria, cardiac trouble, pneumonia, and when there are extensive adhesions of the lungs. He recommends its combination with morphine in cases of extreme restlessness.

Paraldehyde, if its use is too long continued, may give rise to symptoms resembling those of chronic alcoholism. It is indicated in alcoholism, hysteria, icterus, heart disease and asthma. It has little effect in cases of extreme restlessness and distress, and should not be given when cough is a prominent symptom.

Amylen hydrate may disagree with the stomach, and the author has seen œdema of the hands and face follow its continued use. It seems to be well borne by patients suffering from cough.

Sulphonal, on account of the slowness with which it is excreted, may, if administered for a long time without intermission, have a cumulative action, manifested in giddiness a feeling of oppression in the head, and muscular weakness. If the precaution is taken of discontinuing its use for a few days from time to time, it can be taken for long periods without injury. On account of the slowness of its action it is often well to give small doses during the day, and a larger one at night. It produces a sleep very similar to natural slumber, and is useful in chorea, mania and states of motor excitement; in painful affections, it is useless. Krafft-Ebing reports small doses beneficial in delirium tremens.

With reference to their narcotic power, without regard to injurious effects, they may be arranged in the following order. Morphine, chloral, amylene hydrate, paraldehyde, sulphonal. With reference to their safety in efficient doses, the order would be: Chloral, sulphonal, amylene hydrate, paraldehyde, morphine.—Ibid, August 1, 1889.

W. L. W.

COURSE AND ETIOLOGY OF GENERAL PARESIS.—Dr. Ascher, of the Dalldorf (Berlin) Asylum for the Insane, contributes to the *Allgemeine Zeitschrift für Psychiatrie*, Vol. XLVI, No. 1, an elaborate statistical paper founded on data furnished by 643 cases of general paresis in males treated in that institution. The following are some of the conclusions reached by him:

Age, 44, or nearly two-thirds of the whole number died between the ages of 35 and 50; 89 deaths occurred under 35 years of age and 109 above 50.

Duration—The average age of life after admission was 14½ months. Only 16.8 per cent survived the second year of treatment. In 305 cases in which the date at which the symptoms first attracted attention is ascertained, the average duration was 26 months. The progress of the disease seemed to be more rapid in the younger subjects. Between the ages of 20 and 35 the average duration of asylum treatment was 13½ months; between 35 and 50, 14½ months; between 50 and 70, 15 months. With reference to the influence of particular symptoms on the duration of the disease, he finds that cases characterized by excitement run the most rapid course, the average duration being only 19½ months. In cases in which depression was the most prominent symptom, the duration was 23½ months. Those in which the two conditions alternated averaged 27½ months, uniformly demented cases 25½ months, and those with numerous apoplectiform attacks 31½ months.

Heredity.—Under this head the author takes into account not only cases of insanity and nervous disease in relatives, but intemperance, suicide, criminal tendencies and eccentricity. He finds hereditary predisposition in 110 out of 356 cases in which data are furnished. His figures go to show that hereditary predisposition favors an early outbreak of the disease, but that it runs its course more slowly in such cases.

Syphilis.—Out of 313 cases in which the attempt had been made to secure information on this point, satisfactory evidence of syphilitic infection was obtained in 109, or 34.7 per cent. The length of time between the infection and the onset of general paresis varied between four and twenty-nine years. The author does not find that syphilis predisposes to an early outbreak. His statistics do not show any very decided influence of syphilis on the symptoms or duration of the disease, although apoplectiform attacks seem to be rather more frequent in such cases.

Intemperance in the use of alcoholics was alleged in 37.6 per cent of cases in which information was furnished. The probability is recognized that in a certain proportion of these cases the drinking habits may have been a symptom of the disease.

In 58 cases there was history of injury to the head. In 16 of these psychical alterations were noticed immediately following the injury. In 5 cases there had been an interval of five years and more. One case, fatal in three months, followed immediately upon a sunstroke; in two others severe labor in the hot sun, and in five exposure to artificial heat seemed to have been exciting causes.

Abuse of tobacco was alleged in five cases, of opium and morphine in one each, and lead poisoning in three.

Four patients had experienced previous attacks of insanity; three were congenitally feeble-minded; eight had suffered from epileptic convulsions, which, however, ceased at puberty in four of the cases. *Tabes dorsalis* had preceded by a long time the outbreak of cerebral symptoms in only eight cases.

The author is inclined to attribute much importance to psychical causes, which seemed to have been an important factor in 106 cases. In this connection he calls attention to the fact that nearly a third of all the patients had made one or more military campaigns, and 61 had suffered imprisonment,—circumstances well calculated, by the anxiety and distress involved, to exert an unfavorable influence on the cerebrum.

W. L. W.